

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	101082549	FILING DATE
APPLICANT(S)		

13018106

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT						
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
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25							75			
26							76			
27							77			
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36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

15	16
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